



**Continence  
Foundation  
of Australia**

## **Access to Urinary Tract Infection Treatment**

February 2023

## Submission to the SA Select Committee on Access to Urinary Tract Infection Treatment

The Continenace Foundation of Australia welcomes the opportunity to contribute to the South Australian Government's consultation on implementation of the Urinary Tract Infection Pharmacy Pilot Queensland (UTIPP-Q).

The Foundation supports the provision of timely access to medical advice and treatment for people suffering from uncomplicated urinary tract infections (UTI). We believe pharmacists can have a defined role to play in supporting the health and wellbeing of the Australian community, and where it is appropriate, for them to provide treatment to women who are suffering from common symptoms such as UTIs.

We hold concerns however, that implementation of the UTIPP-Q program in South Australia may compromise the health of South Australian women, if measures are not taken to mitigate the possible harm that women may experience, especially in relation to the presence of, or risk of, incontinence without a clear understanding of the underlying causality of the symptoms.

### **UTIs and Incontinence**

People who experience incontinence are at a higher risk of developing UTIs.<sup>1</sup> Women who experience chronic UTIs are commonly diagnosed with incurable health conditions like interstitial cystitis/painful bladder syndrome (IC/PBS), overactive bladder syndrome (OAB) or urinary urge incontinence (UUI).

Incontinence is a highly prevalent condition in the Australian community, disproportionately impacting women:

- 1 in 4 Australians above the age of 15 experience incontinence.<sup>2</sup>
- 80% of those with urinary incontinence in the community are women.<sup>2</sup>
- Although prevalence is known to increase with age, 50% of women living in the community with incontinence are aged under 50 years.<sup>2</sup>
- People aged 15 and over with severe incontinence are more likely to report being in fair (34%) or poor (22.2%) general health than people without severe incontinence (24.8% and 10.4% respectively).<sup>3</sup>
- Several Australian studies have found that roughly 70% of individuals do not seek advice or treatment from health professionals for urinary incontinence<sup>4,5</sup>, even if they are sitting in a GP waiting room.<sup>6</sup>
- Studies undertaken in Residential Aged Care Facilities show that urinary incontinence (and the presence of a urinary catheter) is associated with increased risk of UTIs.<sup>7,8</sup>

### **Continenace Foundation concerns about the Pharmacy Trial**

The UTIPP-Q was related to women aged 15-65 years with uncomplicated UTI. While the Treatment Algorithm/Model<sup>9</sup> for the trial specifies a number of criteria that would lead to referral for treatment, it is not clear if the process of identification of these conditions would be stringent enough to prevent misdiagnosis and inappropriate treatment.

The Queensland University of Technology (QUT) evaluation of the trial found that just over a third of the cases treated (2,409 in total or 35.7%) were able to be contacted after their consultation. The evaluation indicates 87% of customers who were contacted reported their symptoms as resolved, while 13% said they were unresolved.<sup>9</sup> A subsequent AMA Queensland survey of more than 1,300 doctors across the state reported that at least 240 patients treated by pharmacists suffered complications from misdiagnosis – most commonly sexually transmitted infections (STIs), but also cancerous conditions including bladder cancer, bladder pain syndrome and pregnancies.<sup>10</sup>

The Foundation holds concerns that if pharmacists who participated in the trial program did not receive appropriate training that equips them to recognise incontinence, which is highly prevalent in women and particularly those who experience UTIs<sup>1</sup> the individual may not receive the appropriate diagnosis or treatment.

The age cohort identified for the trial can be at increased risk of incontinence, including women who are post-partum, women who are menopausal and women who are ageing.

Whilst pregnancy and childbirth are risk factors for urinary incontinence in young and middle-aged women, women who have never given birth can suffer all forms of urinary incontinence.<sup>12</sup> Menopause may also be a significant trigger for incontinence as some studies have indicated that urinary incontinence can start at the time of the menopause.<sup>11</sup> In addition overactive bladder (OAB) syndrome is more likely in postmenopausal women aged 45 to 54 years, and the signs and symptoms of OAB may present like at UTI, i.e. urgency and frequency to void<sup>12</sup>.

Continenace Foundation of Australia members, including GPs, urologists, and consumers have provided their views on the benefits or risks that implementation of the UTIPP-Q in South Australia may present.

Their feedback supported improved access to diagnosis and treatment, and it was regarded as the most beneficial possible outcome of implementing this program.

However they also expressed concerns that

- Participating pharmacists may not be adequately trained to detect ‘red flags’ such as recurrent symptoms, pregnancy and other co-morbidities, and as a result may fail to refer the individual to a GP when required.
- There may be a risk of prescribing unnecessary antibiotics, and therefore increased antibiotic resistance.

Their suggestions for measures that may mitigate these risks included:

- Development of robust alert systems.
- Shared record keeping between pharmacists and GPs.

The Foundation also suggests the following to support effective assessment and treatment:

- Ensure the pharmacy has a safe and private space to discuss UTI signs and symptoms, and medical history.
- Urine testing be considered for inclusion as part of the assessment process, involving and initially a urinalysis to look for signs for a UTI followed by a mid-stream urine (MSU) test to ensure the antibiotic prescribed is suitable for the UTI.

### **Proposed Recommendations to Address Risks**

The Foundation supports recommendations made in the Queensland Evaluation Report, that

- Pharmacists should have access to decision support tools within their pharmacy to reinforce patient and protocol choices.
- Pharmacists should have an ongoing requirement to record clinical information about patient interactions in either a written or electronic form.

**The Foundation recommends the following to address the health needs of people experiencing, or at risk of, incontinence**

- **Training on incontinence and UTI at the undergraduate level.**
- **Inclusion of modules on incontinence in the UTI training required by pharmacists participating in the program.**
- **Shared record keeping between GPs and pharmacists.**
- **An ongoing requirement to record clinical information about patient in electronic form.**
- **Use of alert mechanisms that will raise ‘red flags’ and prompt referral to GPs and specialists.**
- **Access to decision support tools within participating pharmacies to reinforce patient and protocol choices.**
- **Oversight of the program by an independent body, including processes to enable patients to report unsatisfactory outcomes.**
- **In the event of the implementation of a Pharmacy UTI Treatment program, robust evaluation should be undertaken to identify risks and measures that could be introduced to increase safety and effectiveness of the program.**

### **Conclusion**

The Continenace Foundation of Australia is the peak body for promoting continence (bladder and bowel control) health. The expertise of the Foundation includes policy and advice to support reform, education, awareness, information, advocacy, continence service provision, and more importantly, experience of putting people at the centre of program design. This expertise and extensive experience allows the Foundation to be best placed to represent the interests of individuals, carers and health professionals in relation to continence, at national and state levels.

Recognising the importance of introducing education, ongoing professional development, shared clinical documentation and the use of alert mechanisms, will ensure this program is introduced and delivered safely, reducing risk and which will achieve the best possible outcomes for people experiencing UTIs in the community.

Yours faithfully

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